

## *Email and Text Message Consent*

**Please fill out the information below to sign up for Email and/or Text messaging communication from our office (this communication is about appointment confirmation and reminders)**

Your Name: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Cell Phone: \_\_\_\_\_

**Text messages? Yes or No**

**Email reminders? Yes or No**

If you have children that come here that are under 18 please place their names and date of births below so you can receive reminders for them as well:

---

---

---

**Patient/Representative Signature**\_\_\_\_\_

**Date**\_\_\_\_\_